



Montana E-File 2003 Test Packet

Montana Test 12

Based on Federal Test 22

Forms: Form 2, Form 2A-Schedules III and IV

Return Status: Refund - Direct Deposit

Name and SSN: Thomas, Test T 400-00-6818 (primary)

Address: 511 Jonathan Carol Blvd
Jewell, OH 43530

Filing Status: (4) Married filing separate returns on separate forms

Residency: (2) Nonresident full year

Exemptions: Total (1) - 1 regular (primary)

Deduction: Standard

Adj. Federal AGI: \$5,443 Montana income source is Schedule E #1
townhouse A and Schedule E #5, oil and mineral properties

Other: Direct Deposit (Checking)
\$300 payment made with extension, line 58

2003 Montana Individual Income Tax Return Form 2

03

or Fiscal year beginning _____, 2003 and ending _____, 2004.

Last Name Thomas		First Name and Middle Initial Test T.		<input type="checkbox"/> Deceased	Social Security No. 400 00 6818
Spouse's Last Name if Different		Spouse's First Name and Middle Initial			Spouse's Social Security No.
Mailing Address 511 Jonathan Carol Blvd		City Jewell		State OH	Zip Code+4 43530
Filing Status Check One	<input type="checkbox"/> 1. Single	<input type="checkbox"/> 2. Married filing joint return	<input type="checkbox"/> 3. Married and both filing separate returns on this form	<input checked="" type="checkbox"/> 4. Married and both filing separate returns on separate forms	<input type="checkbox"/> 5. Married filing separate return and spouse is not filing
Residency Check One	<input type="checkbox"/> 1. Resident Full Year	<input checked="" type="checkbox"/> 2. Nonresident Full Year	<input type="checkbox"/> 3. Resident Part Year	Give date of change month _____ year _____ State moved to: _____ State moved from: _____	

Exemptions

Regular	65 or Over	Blind
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1. Yourself Enter number checked **1**

2. Spouse Enter number checked

Dependent's Full Name	Dependent's Social Security Number	Relationship

3. Dependents Enter number checked

4. Handicapped Dependent Enter number checked

5. Add lines 1, 2, 3 and 4 (if additional dependents, see instructions)..... **Total Exemptions** **1**

Enter amounts reported on federal return

6. Wages, salaries, tips, etc. Attach copies of W-2(s) from all states
7. Taxable interest income Attach Federal Schedule if over \$1,500
8. Dividend income Attach Federal Schedule if over \$1,500
9. Net business income (loss) Attach Federal Schedule C or C-EZ
10. Capital gain (or loss) Attach Federal Schedule D
11. Supplemental gains (or losses) Attach Federal Form 4797
12. Rents, royalties, partnerships, estates, trusts, etc. Attach Federal Schedule E and Form 8582 and all K-1's
13. Total IRA distributions a.

 13b. Taxable amount
14. Total pensions and annuities a.

 14b. Taxable amount
15. Social security benefits a.

 15b. Taxable amount
16. Net farm income (Loss) Attach Federal Schedule F
17. Other income: State refund _____ alimony _____ unemployment _____ other (specify) _____
18. Total of lines 6 thru 17 **Total** ➔
19. Adjustments to income. Educator expenses _____ IRA deduction _____ Student loan interest _____ Tuition and fees _____ 1/2 SE Tax **378** Moving Expenses(Attach Form 3903) _____ SE Health _____ SE SEP, SIMPLE _____ Penalty on early withdrawal of savings _____ Alimony paid _____ Other _____
20. Federal adjusted gross income (subtract line 19 from line 18) ➔

Note: Line 20 must match your federal adjusted gross income

Round to nearest dollar
if no entry leave blank

6.		6.
7.		7.
8.		8.
9.	979	9.
10.		10.
11.		11.
12.	20,820	12.
13b.		13b.
14b.		14b.
15b.		15b.
16.		16.
17.	21,799	17.
18.		18.
19.	378	19.
20.	21,421	20.

INCOME REPORTED FROM FEDERAL RETURN

ADDITIONS

21. Interest and dividends on state, county, or municipal bonds (Non-Montana)
22. Federal income tax refunds/overpayment (see page 3, line 22 on instructions)
23. Other additions, (see page 3, line 23 of instructions) Specify _____
24. Total additions to income (add lines 21 thru 23) **Total** ➔
25. Add lines 20 and 24, enter result ➔

21.		21.
22.		22.
23.		23.
24.	0	24.
25.	21,421	25.

REDUCTIONS

26. Farm Risk Management Account Attach Form FRM
27. Interest exclusion for elderly
28. Interest exclusion for savings bonds, etc. Specify _____
29. Exempt pension & annuity income, (not soc. sec./disability) Attach Worksheet IV, Page 13
30. Unemployment
31. Medical Care Savings Account Attach Form MSA
32. Family Education Savings Account (Attach name and social security number(s) of beneficiary)
33. First Time Home Buyers Account Attach Form FTB
34. **NEW** Health care professional loan payment exclusion
35. Other reductions (see page 5, line 35 of instructions). Specify _____
36. Total reductions to income (add lines 26 thru 35)..... **Total** ➔
37. Subtract line 36 from line 25. Enter here and on line 38, page 2.....

26.		26.
27.		27.
28.		28.
29.		29.
30.		30.
31.		31.
32.		32.
33.		33.
34.		34.
35.		35.
36.	0	36.
37.	21,421	37.

MT test #12
Fed. test #22

ATTACH WITHHOLDING STATEMENTS HERE

Form 2 Page 2 - 2003 Social Security Number 400 / 00 / 6818

Column A (for single joint, separate, or head of household) 21,421

Column B (for spouse only when filing separate, and box 3 is checked)

38. Montana adjusted gross income (From line 37) 38. 21,421

Deductions Check only one

39. (A) Standard deduction: [X] (A) 3,330

(B) Itemized deductions: [] (B)

40. Subtract line 39 from 38 and enter balance 40. 18,091

Exemptions (All filers are entitled to at least one exemption)

41. Multiply \$1,780 times the number of exemptions on line 5 41. 1,780

42. Taxable income. Subtract line 41 from line 40 42. 16,311

STOP Nonresidents and Part-Year Residents complete and attach Schedules III and IV Form 2A, before proceeding

43. Tax from table below. Non/part year residents enter the amount from line 131, Form 2A, Schedule IV. If line 42 is less than zero, enter zero here. 43. 173

44. Tax on lump sum distributions (see instructions for this line). Attach Federal Form 4972 44.

45. Subtotal—Add lines 43 and 44. Subtotal 45. 173

46. Credits from Form 2A, line 113, Schedule II 46.

47. Balance—Subtract line 46 from 45 and enter difference (but not less than zero). 47. 173

48. Recapture investment credit Attach Form RIC. 48.

49. Recapture tax and withdrawal penalties (specify) 49.

50. For each of the programs below enter any amount you and your spouse want to contribute. Enter totals in boxes (see instructions for details).

50. 173

54. Total Tax—Add lines 47, 48, 49 and 50. Total 54. 173

55. Combine amounts shown on line 54 columns A and B. 55. 173

56. Montana tax withheld. Attach withholding statements 56.

57. Payments of 2003 estimated tax and amounts credited from previous year 57.

58. Payment made with extension 58. 300

59. Elderly Homeowner/ Renter Credit Attach Form 2EC 59.

60. Total of lines 56 thru 59. Total 60. 300

61. Combine amounts shown on line 60 columns A and B 61. 300

62. If line 61 is larger than line 55 enter the difference. This is your overpayment. 62. 127

63. Amount on line 62 to be applied to 2004 estimate 63.

64. Enter the amount from line 62 you want refunded to you (refunds more than \$1.00 will be issued) Refund. 64. 127

Refund Returns: Mail to Dept. of Revenue, PO Box 6577, Helena, MT 59604-6577

If you wish to use direct deposit enter your RTN# and ACCT# below. See instructions on page 6.

RTN# 012456778 ACCT# 1112225555

65. If line 55 is larger than line 61 enter tax due (If you owe see instructions for this line) Tax Due 65.

Send your check or money order with payment coupon to: Dept. of Revenue, PO Box 6308, Helena, MT 59604-6308.

If you choose to pay your tax due by credit card visit our website at www.discoveringmontana.com/revenue and enter your confirmation number here. See instructions on page 6.

Check this box if at least 2/3 of your gross income is from farming. (attach breakdown of computations) []

Check here if estimated payments were made using the annualization method. (Attach Montana Form EST-P) []

Check here if you do not need state income tax forms and instructions mailed to you next year. Tax forms are also available on the internet. []

Underpayment penalty See Worksheet VII, Schedule W... 66.

Late filing penalty—See page 2. 67.

Late payment penalty—See page 2. 68.

Interest 1% (.01) per month. 69.

Total of lines 65 through 69. 70.

Extension - Check this box and attach copies of federal extension(s) to receive a valid Montana extension. See Page 2 of instructions for details. []

Name, address and telephone number of preparer

May the DOR discuss this return with the preparer shown above? yes [] no []

Questions? Please call (406) 444-6900 or TDD (406) 444-2830 for hearing impaired.

X 618-555-1020 X

Your signature is required Date Daytime telephone number Spouse signature Date

I declare under penalty of false swearing that the information in this return and attachments is true, correct and complete.

If you electronically file, keep this form for your records (do not send to the Department of Revenue).

Tax Table

If Taxable Income is:

Over	But not over	Multiply by	and Subtract = Tax
\$ 0	\$ 2,200	X ... 2 %	\$ 0
\$ 2,200	\$ 4,400	X ... 3 %	\$ 22
\$ 4,400	\$ 8,900	X ... 4 %	\$ 66
\$ 8,900	\$ 13,300	X ... 5 %	\$ 155
\$ 13,300	\$ 17,800	X ... 6 %	\$ 288


If Taxable Income is:

Over	But not over	Multiply by	and Subtract = Tax
\$ 17,800	\$ 22,200	X ... 7 %	\$ 466
\$ 22,200	\$ 31,100	X ... 8 %	\$ 688
\$ 31,100	\$ 44,500	X ... 9 %	\$ 999
\$ 44,500	\$ 77,800	X ... 10 %	\$ 1,444
\$ 77,800		X ... 11 %	\$ 2,222

Example = taxable income \$2,400 x 3% (.03) = \$72 subtract \$22 = \$50 tax

Schedule II - Credits Against Tax

(See instructions on pages 8 and 9)

	Column A (For single, joint, separate or head of household)	Column B (For spouse only when filing separate, and box 3 is checked)	
97. Rural physician's credit			97.
98. College contribution credit			98.
99. Qualified endowment credit			99.
100. Elderly care credit			100.
NEW 101. Credit allowed residents/part-year residents for income tax liability paid to other states or countries - Attach Schedule V or Schedule VII			101.
102. Contractors gross receipts tax credit			102.
103. Alternative energy systems credit			103.
104. Energy conservation installations credit			104.
105. Alternative energy production credit			105.
106. Recycle credit			106.
107. Dependent care assistance credit			107.
108. Disability insurance for uninsured Montanans			108.
109. Historical property preservation credit			109.
NEW 110. Developmental disability account contribution credit			110.
NEW 111. Empowerment zone credit			111.
 112. Other credits (see instructions)			112.
113. Total Credits - Enter here and on Form, line 46			113.

Schedule III - Nonresident/Part Year Resident Allocation of Income Reportable to Montana

(See instructions on pages 9 and 10)

You Must Attach a Copy of Your Federal Return

	Column A (For single, joint, separate or head of household)	Column B (For spouse only when filing separate, and box 3 is checked)	
114. Wages, salaries, tips, etc			114.
115. Interest income			115.
116. Dividend income			116.
117. Net business income			117.
118. Capital gain (or loss)			118.
119. Supplemental gain (or loss)			119.
120. Rents, royalties, partnerships, estates and trusts			120.
121. Taxable pensions, annuities, IRA's	5,443		121.
122. Taxable portion of social security			122.
123. Net farm income (or loss)			123.
124. Other income/loss (federal refund, etc.)			124.
125. Montana total income (add lines 114 through 124)	5,443		125.

Schedule IV - Nonresident / Part Year Resident Prorated Tax Computation

	Column A (For single, joint, separate or head of household)	Column B (For spouse only when filing separate, and box 3 is checked)	
126. Montana total income from line 125 above	5,443		126.
127. Enter federal income from line 18, plus amount of line 24, Form 2	21,799		127.
128. Divide amount on line 126 by amount on line 127 (Carry to 4 decimal places—Do not enter more than 1.0000)2497		128.
129. Taxable income from line 42, Form 2	16,311		129.
130. Calculate tax on amount on line 129 using tax table on Form 2, page 2 ...	691		130.
131. Part year resident and nonresident tax—multiply amount on line 130 by amount on line 128 and enter result here and on line 43, Form 2. This is the amount of your prorated tax	173		131.

**Attach this form to your tax return. If you electronically file, keep this form
for your records (do not send to the Department of Revenue).**